

Notice of Intent to Apply (ITA)
Clean Water Fund Program (CWFP)

Form 8700-195

(R 10/02)

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See instructional sheet. Read ALL instructions carefully before completing this form.

Notice: Clean Water Fund Program loan applicants are required to complete and submit this form by December 31 prior to application submittal as authorized by s. 281.58, Wis. Stats., and ch. NR 162, Wis. Adm. Code. Failure to submit a completed form by December 31 may result in the denial of loan funds for the project. Personal information collected on this form will be used for program administration and must be made available to requesters as required by Wisconsin Open Records law [s. 19.31 - 19.39, Wis. Stats.]. It will not be used for other purposes.

DNR Use Only
Loan Number:
Postmark Date:
Adjusted MHI:

Section I: Applicant Information

1. Name of Municipality		Name of County(ies)	
WPDES Permit Number (if applicable) # WI _____	Name of Discharging Municipality (if different from Applicant)		
2. Provide the latitude and longitude of the project's effluent discharge point:		Latitude: DEG MIN SEC N	Longitude: DEG MIN SEC W
3. Check one: <input type="checkbox"/> PERF attached <input type="checkbox"/> PERF previously submitted		Priority Score (if PERF previously scored for this project)	
4. Do you intend to apply for hardship financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, and you are a sanitary or lake district, proceed to questions 4a & 4b. Otherwise, proceed to question 5.			
a. If a district, list the town(s) in which the district is located:			

b. Is a map attached which indicates the district boundaries and locations of residential structures in the project area?

☐ Yes ☐ No, previously submitted and there are no changes in district boundaries.

5. Authorized Representative	6. Main Municipal Contact, e.g., clerk, treatment plant operator who is familiar with the project and available on a daily basis.
Name	Name
Title	Title
Street Address	Street Address
City, State, Zip	City, State, Zip
Telephone Number (include area code) ()	Telephone Number (include area code) ()
Fax Number (include area code) ()	Fax Number (include area code) ()
E-mail Address	E-mail Address

Section II: Consulting Engineer

Engineering Firm	Contact Name
Street Address	Telephone Number (include area code) ()
City, State, Zip	Fax Number (include area code) ()
E-mail Address	

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Section III: Project Information and Cost Estimates

Date Of:	Month/Day/Year	Date Of:	Month/Day/Year
1. Facility Plan Submittal		4. Construction Start	
2. Plans & Specifications Submittal		5. Construction Complete	
3. Application Submittal			
6. List all municipalities if a Joint Project:			
7. Detailed Project Description (Narrative):			

8. Project Costs: CWFP Categories	Project Costs	EPA Treatment Works Categories	Project Costs
Compliance Maintenance:	\$	Secondary Treatment:	\$
New/Changed Limits:	\$	Advanced Treatment:	\$
Unsewered:	\$	Infiltration/Inflow:	\$
Urban Runoff, WPDES Permitted:	\$	Sewer Rehabilitation:	\$
Urban Runoff, non-WPDES Permitted:	\$	New Collection System:	\$
Violator:	\$	Interceptor:	\$
		Combined Sewer Separation:	\$
		Urban Stormwater (permitted):	\$
		Nonpoint Source (non-permitted):	\$
CWFP Total Project Costs**:	\$	EPA Total Project Costs**:	\$

**CWFP and EPA Total Project Costs must be equal.

9. a. Source of cost estimates:	b. Source(s) of funding other than CWFP, if applicable:
c. If estimated total project cost is \$750,000 or less, are you considering applying for a Small Loan interest subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
10. Population of project service area:	Source:

Municipal Certification

1. **The applicant declares that the following procurement requirement will be satisfied:**
Procurement of professional services and construction contracts by recipients under the Clean Water Fund Program (CWFP) shall be in accordance with federal, state and local law and shall be subject to review of eligibility, allocability, allowability and reasonableness. As established in ch. NR 162, Wis. Adm. Code, and Federal Regulations 40 CFR 31.36(e) and 35.6580(a), each recipient of financial assistance and those employed by the recipient to plan, design or construct the project shall make good faith efforts or take affirmative steps to utilize minority and women business enterprises in contracts for services, equipment, raw materials and supplies. In addition, recipients of federal funds shall take affirmative steps to also utilize small businesses in rural areas. Please refer to ch. NR 162, Wis. Adm. Code, and the Environmental Improvement Fund Reference Guide for further details on these guidelines.
2. I hereby certify that: a) all information provided on this form is extracted and accumulated from records of the municipality; and b) I took all reasonable precautions necessary to ensure that such information is accurate and in all respects is fair in what it purports to represent.

Signature of Authorized Representative	Date Signed
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General Instructions for Notice of Intent to Apply (ITA) Form

Municipalities which intend to apply for Clean Water Fund Program (CWFP) financial assistance (s. 281.58, Wis. Stats.), including hardship financial assistance, and Small Loan Program Interest subsidy, must submit the Notice of Intent to Apply (ITA) form. It must be postmarked or FAX dated no later than DECEMBER 31 of the calendar year prior to the state fiscal year that the municipality applies for assistance. (The state's fiscal year runs from July 1 through June 30.) The ITA will be valid for one state fiscal year.

Notice: Applications for hardship financial assistance must be submitted by the June 30 prior to the state fiscal year in which hardship financial assistance is requested. All other applications may be submitted at any time throughout the year; if the June 30 deadline is applicable for the non-hardship applications in any given year, the municipalities will be notified. The CWFP recommends that all applications be submitted after plans and specifications are approved or nearing approval.

Section I: Applicant Information

1. Provide the legal name of the municipality and the name(s) of the county or counties in which the municipality is located. Provide the Wisconsin Pollution Discharge Elimination System (WPDES) Permit Number (if applicable). If the applicant discharges to another municipality, please give the permit number for the final discharge, and indicate the name of the municipality.
2. Provide the latitude and longitude of the project's effluent discharge point to the nearest 15 seconds (15²). If the project has a groundwater discharge, please provide the latitude and longitude of the treatment facility.
3. Check the appropriate box. Provide priority score for this project, if Priority Evaluation and Ranking Form (PERF) was previously scored for this project.
4. Check Yes or No. If you check Yes, please note that applications for hardship financial assistance must be submitted by the June 30 prior to the state fiscal year in which hardship financial assistance is requested.
 - a. List the town(s) in which any portion of the district is located, if applicable.
 - b. If the municipality is intending to apply for hardship financial assistance and is a sanitary or lake district, the district must attach a map to the ITA which indicates the district boundaries and locations of residential structures in the project area. If the map has been previously submitted, and there are no changes in district boundaries, a map does not need to be attached.
5. Provide the name and title of the municipality's Authorized Representative, along with the street address, city, state, Zip Code, telephone number, FAX number and e-mail address. The authorized representative is the individual designated by adopted resolution or official act of the applicant's governing body. Provide the address that all official correspondence should be sent to. The telephone and FAX numbers provided should be the ones that can be used to contact the authorized representative during typical business hours.
6. Provide the name and title of the main municipal contact, along with the street address, city, state, Zip Code, telephone number, FAX number and e-mail address. The main contact should be someone familiar with the project who is available on a regular basis, such as the clerk or treatment plant operator. Provide the address that all official correspondence should be sent to. The telephone and FAX numbers provided should be the ones that can be used to contact the main municipal contact during typical business hours.

Section II: Consulting Engineer

Provide the name of the consulting engineer firm (if one retained), and a contact name, along with the street address, city, state, Zip Code, telephone number, FAX number, and e-mail address. If the contact person has a telephone number, FAX number or e-mail address that differs from those provided for the engineering firm, please provide them.

Section III: Project Information and Cost Estimates

- 1-3. Provide the actual or estimated submittal date for each item.
4. The construction starting date is the actual or estimated date of the notice to proceed.
5. The construction completion date is the actual or estimated date of final completion.
6. If this is a joint project, list all participating municipalities. Please note, a proposed or an executed intermunicipal agreement must accompany an application submittal if wastewater generated by the applicant will be discharged to or through wastewater facilities of another municipality.
7. Please provide a narrative description of the project. Do not write in short descriptions such as "Sanitary Treatment Plant Modifications," "STPM," "WWTP Modifications," "New Sanitary Treatment Plant," "New STP," "New WWTP," "Collection System," "CS," "Interceptor," "INT," or any other general statement or abbreviation that does not provide specific details of the project. These words or abbreviations can be used as part of the description, but must not be all that is provided. Also, do not write "See PERF," or "See Facility Plan."

Examples of project details include, but are not limited to:

- the reason for the plant modification or upgrade (e.g., Phosphorus Removal, Sludge Storage, Disinfection)
- the method of treatment to be used by the modification, upgrade or new plant (e.g., Recirculating Sand Filter, Activated Sludge, UV Disinfection)
- the service area of the project (e.g., the previously unsewered area the project will serve, the portion of the municipality that will have sewer rehab, the area a new lift station will serve)
- other pertinent details of the project (e.g., length in feet of the interceptor, collection system, sewer rehab or force main, size of pipe installed, if the project being completed in phases, etc.)

8. Indicate on the appropriate lines the actual or estimated cost of project activities (see example below) for both the CWFP and EPA Treatment Works Categories. The CWFP and EPA total project cost lines must be equal.

Project Cost Example:

CWFP Categories	Project Costs	EPA Treatment Works Categories	Project Costs
Compliance Maintenance:	\$ 1,550,000	Secondary Treatment:	\$ 1,650,000
New/Changed Limits:	\$ 175,000	Advanced Treatment:	\$ 0
Unsewered:	\$ 0	Infiltration/Inflow:	\$ 0
Urban Runoff, WPDES Permitted:	\$ 750,000	Sewer Rehabilitation:	\$ 75,000
Urban Runoff, non-WPDES Permitted:	\$ 0	New Collection System:	\$ 0
Violator:	\$ 0	Interceptor:	\$ 0
		Combined Sewer Separation:	\$ 0
		Urban Stormwater (permitted):	\$ 750,000
		Nonpoint Source (non-permitted):	\$ 0
CWFP Total Project Costs**:	\$ 2,475,000	EPA Total Project Costs**:	\$ 2,475,000

**CWFP and EPA Total Project Costs must be equal.

9. a. Provide the source(s) of cost estimates provided in #8 above
- b. If you plan to fund a portion of this project with funds other than CWFP funding, please list the other sources. Examples of other sources: Municipal funds, Community Development Block Grant (CDBG) Award, USDA Rural Development Loan
- c. Indicate whether or not you are considering obtaining a State Trust Funds loan to pay for your project and applying to the CWFP for an interest subsidy to help pay your Trust Funds debt service. Check N/A if your total project cost is greater than \$750,000.
10. Provide the residential population to be served by the project and the source of this information. Sources of information for this question, in order of preference are: 1) plans and specifications, 2) facilities plan, 3) engineer's preliminary estimate, WPDES Permit, Department of Administration estimate, or census data.

Municipal Certification

After reviewing Sections I-III, the Authorized Representative is required to sign and date the ITA.

Send completed ITA to:

State of Wisconsin
Department of Natural Resources
Bureau of Community Financial Assistance
PO Box 7921
Madison, WI 53707-7921
FAX (608) 267-0496